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STATEMENT OF **ORGANIZATION**

| FEC FORM 1 | | STATEME ORGANIZ | | Office Use Only | | |
|--|---------------|-------------------------------------|---------------------------------|----------------------|-------------|--|
| 1. NAME OF | (10) | (Check if name | Example:If typing, type | 12FE4M5 | 333 5, | |
| COMMITTEE (in | | is changed) | over the lines. | 121 2 1113 | | |
| AMERIPA | C: The | Fund for a Gr | eater America | | | |
| | | | | | | |
| ADDRESS (number and street) (Check if address is changed) | | 700 13th Street, NW | | | | |
| | | Suite 600 | | | | |
| | | Washington | | DC 200 | 005 | |
| | | | CITY | STATE | ZIP CODE | |
| COMMITTEE'S E-MA (Check if is change | address | S (Please provide only one e | | | | |
| COMMITTEE'S WEB (Check if is change | address | RESS (URL) http://www.ameripac.org | | | | |
| 2. DATE 02 | M / D I | 2012 | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER C C | 000271338 | | | |
| 4. IS THIS STATE | MENT | NEW (N) OR | X AMENDED (A) | | | |
| I certify that I have e | examined this | s Statement and to the bes | t of my knowledge and belief it | is true, correct and | d complete. | |
| Type or Print Name | of Treasurer | Amy L. Pritchard | | | | |
| Signature of Treasure | Amy L. F | Pritchard | [Electronically Filed] | Date 02 | 15 2012 | |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| L | Office Use Only | | | | | For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | FEC FORM 1 (Revised 02/2009) | |
|---|-----------------------|--|--|--|--|---|---------------------------------|--|
|---|-----------------------|--|--|--|--|---|---------------------------------|--|